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ARE DIPSOMANIA, KLEPTOMANIA,  
PYROMANIA, ETC.,

VALID FORMS OF MENTAL DISEASE?

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## ARE DIPSOMANIA, KLEPTOMANIA, PYROMANIA, ETC., VALID FORMS OF MENTAL DISEASE?\*

BY ORPHEUS EVERTS, M. D.,

Superintendent Cincinnati Sanitarium, College Hill, Ohio.

*Mr. President, and Gentlemen of the Association:*

In complying with the request of your committee to open the discussion appointed for this hour, having had no time for more elaborate preparation, I shall content myself by a bare statement of the question as presented by the committee, my own opinions, and a few of many considerations that have seemed to me to justify them.

The question as proposed by your committee is:

Are dipsomania, kleptomania, pyromania, etc., valid forms of mental disease?

Do uncontrollable impulses to use stimulants, to steal, to burn, etc., develop independently of other evidences of insanity?

The alternate proposition, as I take it, is the real question;—by our decision of the question as thus stated, at least, the whole matter may be intelligently disposed of.

To affirm the validity of any variety of so-called monomania; to say that a man may become utterly, helplessly insane, in relation to his own use of stimulants, or the acquisition or destruction of goods, etc., and remain unimpaired in all other respects, is equivalent to an affirmation of the possibility of becoming insane in relation to any one object of desire or recognition independently of all other. It implies, also, inasmuch as insanity, however limited, presumes concomitant impairment of material mechanisms, (material structures only being subject to disease,) innumerable independent mechanisms, and an identification of ideas by characteristics either singly or by groups, with such mechanisms, however numerous or minute.

Can such affirmations be sustained?

If the answer is—Yes,—then dipsomania, kleptomania, pyromania, etc., may be pronounced valid forms of mental disease.

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\*A discussion opened by Dr. Everts before the Association of Medical Superintendents of American Institutions for the Insane, at Detroit, Mich., June 14-18, 1887.



If No,—then this whole brood of special manias, with its prolific mother vanishes from scientific recognition.

The testimony by which men are likely to be influenced in the formation of opinions respecting the matter under consideration is of two kinds,—viz.—(a) Testimony derived from observation of cases; (b) Testimony derived from scientific inferences.

The relative value of these two classes of evidence can be estimated only by persons familiar with both.

That the testimony of science, derived from studies of a wide range of correlatable facts pertaining to any given subject, is greatly superior to that offered by the senses unsupported by science may be inferred from the fact that many, if not all of the opinions, notions, beliefs, of mankind of all pre-scientific ages—whatever may have been the capabilities of the men of such ages; however accurate and minute their observations of isolated facts or phenomena—have been rejected as false, or modified as erroneous, by all of the advancing races of mankind, since the light of science began to fall upon their pathway.

But without further prefatory remarks I will say my present conviction is that dipsomania, kleptomania, pyromania, etc., are not valid forms of mental disease. Because I do not believe, as a matter of observation or scientific inference that uncontrollable impulses to use stimulants, to steal, to burn, etc., develop independently of other evidences of insanity.

A good deal of testimony has been presented to me by way of observation of cases ordinarily classified as dipsomania. I have had a daily average of ten such cases under observation for the last seven years, in addition to the numerous cases seen more casually before. A large number of opium habitues, and an occasional victim of cocaine, chloral, chloroform, and tobacco poisoning, have been observed with equal, if not greater, interest, at the same time.

It is, perhaps, needless to say that all such persons who are sent to, or seek hospitals for treatment, are subjects of uncontrollable impulses—better named desires—to use stimulants, or narcotic drugs; a condition either confessed or implied in every instance.

Were these persons, any, or all, of them, insane? Did they present other evidences of insanity than uncontrolled desires for intoxicants?

Were they insane, as manifested by such desires before using intoxicants, or having had experimental knowledge of their effects?

In answer to these questions I can say, unhesitatingly, that I believe such persons, as a class, are insane. At the same time I must say that the evidence of insanity in such cases is never limited to the single manifestation of an uncontrollable impulse to use intoxicants. Or that I have never seen an instance of the fact, if fact it ever is. Nor have I, of say three hundred cases treated within the last seven years, seen a single instance, historically or otherwise avouched, of uncontrollable impulse to use stimulants preceding experimental intoxication.

The evidence upon which I base my belief that these persons are insane is not alone the superficial symptoms of inordinate desire for stimulants, and an inability to resist the demand for immediate gratification; but all that such manifestations of mental impairment signify.

What do they signify?

They indicate, among other things, a voluminous sense of deprivation, and want, indicative of exhaustion of energy, and morbid consciousness. They indicate a general deterioration of mental capabilities, culminating in a loss of self-control, and demoralization of perceptions and judgments.

They signify well-marked departures from states of feeling and modes of thinking previously characteristic of individuals affected, the most generally accepted evidence of insanity recognizable in any given case.

I have never seen a person who had ceased to resist an inordinate desire for stimulants, that had not also become unnaturally irresolute; lacking continuity of purpose; failing in perceptions of duty; lost to all finer sense of shame, and feeling of affection; untruthful, and insincere.

The formerly prudent and sagacious, self-respecting and successful, business man is no longer to be trusted; if grasping and hardfisted before, his grip is lost, and fortune falls unheeded from his unnerved hands. A woman, proud, fastidious, conscientious, sensitive to praise, to blame, and shame; true to her husband and tender toward her child; yields to the impulse, neglects, forgets, wanders, is lost beyond redeeming power.

But it may be said that persons thus described are common drunkards, alcoholic demented not to be classed as dipsomaniacs.

There are indeed two classes of inebriates, quite distinct in some respects, requiring separate consideration.

These two classes of inebriates resemble in being alike subject to uncontrollable impulses to use stimulants, after experiencing

their effects, and in many other features. They differ as to the manner of development of such impulses and the duration of disorder manifested.

The one class comprises a large number of habitual drunkards who have induced morbid conditions of brain and other structures by long-continued, and gradually increasing, imbibition of intoxicants without precedent organic suggestions, or the importunate demands of exhausted and deprived structures. The other, less numerous, but more conspicuous, is made up of periodical drunkards; who "go on sprees,"—drink deep and recklessly "while the fit is on," and return to conditions of sobriety, of longer or shorter duration, with, in many instances, a complete revulsion of feeling respecting stimulants, amounting to abhorrence—many of whom, if not all, find some excuse for their morbid impulses in the fact that they have inherited unfortunate potentialities of brain-disorder; instabilities and eccentricities of nerve-structures, nearly allied to neuroses manifested in others as epilepsy, recurrent mania, or general fanaticism.

Shall we not be compelled to make some concessions respecting the insanity of this class of inebriates? Is it not among these drunkards that we find the true dipsomaniac, whose first, last and only manifestation of insanity is an uncontrollable impulse to use stimulants?

I do not see sufficient ground for such concession. The insanities of the periodical drunkard are correlative with the insanities of the chronic inebriate, while they continue to be manifested. The conditions of the two differ as the conditions of the periodical and the chronic maniac differ. Their differences of manifestations are as the differences of miasmatic fever—intermittent, remittent, and continuous.

The fact is, mania—mad desire for drink—not for drink's sake—but for the immediate happiness, or obliviousness, known to be obtainable by drinking—however suddenly or slowly developed, is not the best evidence of insanity presented by either of these classes of inebriates. Loss of ability to resist the importunities of exhausted and dying nerve structures for immediate relief; or to so intelligently estimate the relation of consequences to causes as to be enabled to wait for better results less immediately obtainable, (the highest degree of courage born of intelligence is expressed by deliberate waiting)—the loss of ability to make present sacrifice for future good, and endure some personal discomfort to save others from pain; (commonly accredited to a hypothetical

faculty of mind called will)—is an evidence of insanity more significant, in my estimation, than an inordinate desire for stimulants, however expressed; because such loss implies impairment of intellectual capabilities of the highest order of development: and the question may well be asked, if the inebriate is really insane before he has sustained such loss?

Of so-called kleptomaniacs I have had but little observation. I have seen examples, however, both in and out of hospital; belonging, evidently, to different classes.

Of those seen outside of insane hospitals, persons regarded as incorrigible thieves, and yet not held to strict accountability by society because of recognition of the uncontrollability of their impulses to steal,—or the low order of their intelligence; I have not believed that any one of them was insane—or impaired by disease. They seemed to me to be persons belonging to a defective class of healthy individuals; who by reason of arrest of development effected by lesions of nutrition, before, or after, birth; or the recurrence in descent of some ancestral peculiarity, had failed to reach the higher planes of mental capability occupied by the more favored classes,—hence incapable of ethical perceptions, and the self-controlling purposes of those whose actions are governed to some extent by reasoning, and judgment; at the expense, sometimes, of feelings, or natural desires. Because of the lower range of their perceptions this class of persons occupy a sentimental relation to property very different from that maintained by more intelligent and cultivated people. Impelled by a natural desire to accumulate goods,—(a desire that is essential to self-preservation, and pertains to the instinctive science that is inseparable from organization, corresponding to its necessities)—these undeveloped, defective, members of society do no violence to any sense of right by their thefts. As a matter of fact they do not “steal.” Like soldiers in time of war invading the country of their foes, they simply “reach for” and “appropriate” whatever they find available;—they do not steal!

That persons of this class are liable to become insane; or that the natural desire to accumulate may be exaggerated by disease; is not to be denied. But before pronouncing an incorrigible thief insane, other evidence of disease than that of a dominant desire to appropriate all manner of goods and chattels, without regard to values or uses, should be looked for, and found.

In asylum life we have all seen insane persons who manifested this propensity to accumulate, as a phase of mental disorder, but always associated with other features of derangement.

I have three patients now under observation, who exhibit well-marked depravities of consciousness, and ideas, respecting their relations to property.

A. B. Male—sixty—merchant—studied medicine when young, but found the profession not lucrative—formerly reputable in business relations—now impaired by long use of stimulants—not regarded as insane by family previous to admission to Sanitarium—soon after admission was detected in purloining little things that were not appropriate to his needs, and on investigation was found to be in possession of a hoard of miscellaneous articles of private and hospital property; for none of which he had any immediate use, or prospective necessity. This was a surprise to everybody who knew him in his better days. Was he insane? Evidently;—and subject to uncontrollable impulses to steal. But there were other evidences of insanity rapidly developed. He manifested uncontrollable impulses to tell lies, and boast of enormous wealth that he was not possessed of. Moved by uncontrollable impulses he would sing religious songs, and talk of religious experiences. Later on, although old, emaciated, wrinkled, lame,—he affects airs of gallantry toward laundry women, and kitchen girls; and is, no doubt, becoming morbidly erotic.

Six months before admission to asylum, A. B. might have been classed as a dipsomaniac. Six weeks after—free from intoxicants—he might have been pronounced a kleptomaniac. He is really suffering progressive dementia effected by alcoholic impairment of his brain and other organs.

C. D. Female—thirty-nine—widow.—mother—three or four children—good society—naturally vivacious and unstable—in a state of mental exaltation when admitted to Sanitarium—regarded as “hysterical” by friends, who suspected insanity only because of a discovery that she was taking things that did not belong to her; much to their surprise and mortification. A history of the case revealed to me the fact that her then condition was a morbid state, first manifested as, what might be called, if it is not, by the French: *Folie Gynécologique*; or by the Germans: *Mutterleib-Krankheitwahn*sinn, or in plain English, *womb disease-mania*, with uncontrollable impulses to be examined and treated, locally, even surgically, by some specialist. Since admission to hospital states of depression have succeeded exaltations, and at times she has suffered from auditory hallucinations of a distressing character. She no longer seems to be impelled to larceny, but is incapable of telling the truth, and is decidedly erotic.

E. F. Female—fifty—married—mother—good society—admitted in a state of mental depression with suicidal suggestions. For a time she complained of extreme poverty, but with improved nutrition she began to accuse everybody of stealing her garments; then claimed everybody's clothes as her property; and now laments the loss by robbery, of, as she says, "the most magnificent wardrobe ever brought to this house,—sealskin cloaks, India shawls, heavy silk dresses, diamonds of untold value, &c., &c." She would not be classed as a kleptomaniac, and yet her desire for property is inordinate, and morbid; and her ideas of possessory rights depraved.

Of so-called pyromaniacs, among five thousand insane persons of whom I have had professional oversight, I do not recall an example of pyromania, or mad desire with impulse to burn property.

The histories of such cases, as given by others, is not thereby discredited; but analogically considered, it seems to me more than probable that in cases of this kind such mad desires and impulses were not the only evidence present of insanity.

Delusions and hallucinations respecting fire are not uncommon features of insanity. I recall the form of one maniacal woman who cried fire! fire! fire! every time she was agitated, by day or night for many months in succession. I have known insane persons to attempt firing their clothes, bedding, or other furniture; but always with some motive other than the gratification of a mad impulse to destroy, or to see things burn. I had one patient who entertained a delusion that he was doomed to die by fire. He had become insane soon after escaping from a burning hotel in St. Louis, and finally took his own life by setting fire to a bed-sheet with a match accidentally found, and inhaling the smoke and flame. I have seen madmen who entertained the delusion that the world was already on fire; and others, almost as mad, who were in constant apprehension of an impending catastrophe of the kind. But none of these lunatics would furnish examples of valid pyromania.

So much for clinical testimony.

The testimony of science bearing upon the questions under consideration, so far as I am capable of presenting it in a hastily drawn summary, may be stated thus;—

(A) All functional activities of whatever mechanisms, are responsive to excitations of force, or energy, while undergoing transmutation from lower to higher, or higher to lower, planes of activity, and capability, effected by variations of motion; all concomitant phenomena being but manifestation of such changes.

(B) Continuity and homogeneity of structure, of whatever mechanisms, imply continuity and homogeneity of capabilities and functions.

(C) All brains, from the smallest to the largest, from the simplest to the most complex, are developed by continuous growths of rudimentary organs, and not by additions of new, heterogeneous, and independent structures.

(D) The phenomena of consciousness, ranging all the way from simple sensation to complex thought, are concomitant with, inseparable from, and correspondential to, the functional performances, or work, of which brains are, alone, capable, viz.—the transmutation of vital force, or the energy of organization, into psychic force, or the energy of mind.

(E) The evolution of brains being by extensions of rudimentary organs, and not by superposition of successive strata, their inherent capabilities, however modified or increased by extension, are but modifications or extensions of primitive capabilities, and not additional, new, and independent, faculties.

(F) The order of retrogression being obverse of progression under all known circumstances—decrease of capabilities once developed, however effected, must begin with the ultimate, and proceed, retrogressively, toward the primitive. That is to say; any impairment of brain-structures affecting mental capabilities pertaining to intermediate degrees of development necessarily affects the capabilities of all ulterior degrees of development, but not, necessarily, all anterior degrees.

(G) Capabilities of ethical perceptions, moral concepts, rational judgments, congruous imaginations, &c., in the order stated, beginning with the highest and latest attained by man, pertaining, as they do, to ultimate developments of brain-structures;—all insanities effected by impairment of capabilities pertaining to lower degrees of development must, necessarily, implicate the higher and be manifested by some degree of demoralization, depravity of judgment, incongruity of imagination, &c.

But I will detain you no longer with testimony of this character. If it is, as thus presented, of any value in this discussion, enough has already been said to quicken the motion of sensitive thinkers, and indicate the direction of investigation that may be profitably adopted by men who recognize scientific pursuit of any object as worthy of their highest capabilities, and conclusions thus reached as more trustworthy than such as are merely “jumped at” without careful consideration of the whole ground intervening.



